

Resuscitation Fluid Volume and Abdominal Compartment Syndrome in Patients with Major Burns

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This study clarified the risk of burned patients with and without ACS, especially regarding the resuscitation fluid volume. All patients were closely monitored for increased IAP until IAP was normalized or measurements were stable no longer at risk for IAH. 17% progressed to ACS in less than 24hrs.

We found that extensively burned patients who required large volumes of fluid, especially that in excess of 300 mL/kg/24 h, show a high incidence of complication by ACS.

For the early detection of IAH, it is necessary to closely monitor the peak inspiratory pressure (PIP) and the intra-bladder pressure (IBP) should be checked if a high PIP is observed.

Link: <https://pubmed.ncbi.nlm.nih.gov/16451820/>